Radical Views...
from the Department of Radiology

Volume 5, Number 4
NOVEMBER 2012
Beth Israel Deaconess Medical Center
A teaching hospital of Harvard Medical School

FROM THE CHIEF
Jonathan B. Kruskal, MD PhD

➢ Congratulations Bettina Siewert and Maryellen Sun

I am so proud to announce that the following promotions have been approved by Harvard Medical School effective Oct. 1:

Bettina Siewert, MD to Associate Professor of Radiology
Maryellen Sun, MD to Assistant Professor of Radiology

Bettina Siewert joined us in 1996 as an abdominal fellow and then as a resident in 1999. Since then she has served as Director of our Residency and Abdominal Imaging Fellowship programs. Her commitment to CT imaging of the abdomen and more individualized patient care has led to participation in a stroke research group and a national colon cancer screening effort (as site PI) that resulted in numerous publications that have influenced practice and procedure patterns and the development of new policies which provided added value in terms of cost-saving measures around the country. Currently, she is President of the New England Roentgen Ray Society, a question writer for the ABR (GI section), director of the GI section for written radiology board examinations and member of the editorial board for RadioGraphics. She is also responsible for a SAM course RSNA 2012: Peer review as PQI project.

Maryellen Sun came to our department first as a resident in 2003 joined our faculty in 2008 upon completion of a fellowship in abdominal imaging where she also served as Chief Fellow here at BIDMC. Likewise committed to academic medicine, Maryellen has served as our Quality Assurance Officer since 2009, Departmental Ombudsperson since 2010 and Director of Genitourinary Imaging since 2012. She currently serves on the Executive Committee of the Massachusetts Radiologic Society and as a RadioGraphics panel member for RSNA. In January, she was selected to attend the Philips-AUR Faculty Development Course, Association of University Radiologists Annual Meeting in San Antonio TX.

I look forward to continued pursuits of excellence from Bettina and Maryellen!

➢ BIDMC earns ACR Accreditation as a **Breast Imaging Center of Excellence**

We have been awarded accreditation in breast ultrasound as the result of a recent review by the American College of Radiology (ACR). The ACR gold seal represents the highest level of image quality and patient safety and is awarded only to facilities meeting ACR Practice Guidelines and Technical Standards after a peer-review evaluation by board-certified physicians and medical physicists expert in the field. Image quality, personnel qualifications, adequacy of facility equipment, quality control procedures, and quality assurance programs were assessed. The findings are reported to the ACR Committee on Accreditation, which subsequently provides the practice with a comprehensive report they can use for continuous practice improvement. Earning breast imaging accreditation is a considerable achievement. ACR designates a breast imaging center of excellence on several factors. The centers must pass rigorous, though voluntary, breast imaging accreditation programs and modules. The holy grail of breast imaging, mammography, is a cornerstone of a breast imaging center of excellence, as facilities must pass the ACR's mandatory Mammography Accreditation Program. ***Special thanks to our Breast Imaging staff and faculty for working so hard to earn this certification!***

cont'd on pg. 3

Radiology Calendar November 2012

Mon	Tues	Wed	Thurs	Fri
Weekly Mon Section Meetings: 1:0-2:00 MRI [Ansin 2] 3:00-4:00 ED section meeting (monthly) [ED annex, WCC] call Trish Gardner 4-2506 7:30 - 9:00 Cardiac (TBA)	7:30 - 9:00 Cardiac (TBA)	Weekly Wed Section Meetings: 11:00-12:00 MSK clinical conf 12:00-1:00 CardioThoracic, GI/GU Oncology 3:00-4:00 Mammo [TCC-484] 7:30 - 9:00 Cardiac (TBA)	1 Weekly Thurs Section Meetings: 12:00 - 1:30 Abd [WCC-354] 12:00-1:00 MSK 7:30 - 8:15 Degenerative Disc Disease (Kleefield) 8:15-9:00 Spine Cases (Pandey) 12:00-1:00 Q/A Abdominal Conf. - Roedl 1:30-2:00 East MedRads - Nukes Senior [TCC 484]	2 12:00-1:00 Chief Rounds [Sherman Auditorium]
5 7:30 - 8:15 Fetal chromocomal abnormalities (Levine) 8:15-9:00 MSK systemic disease (Hochman) 12:00 - 1:00 Mentoring Meeting #4: iPad and how to integrate its use in Radiology practice and teaching (Berkowitz) [TCC 484]	6 7:30 - 8:15 Twins! (Romero) 8:15-9:00 Arthritis (Wu)	7 7:30 - 8:15 Pelvic cases (McArdle) 8:15-9:00 Charcot/Diabetic foot (Wu)	8 7:30 - 8:15 Fetal CNS (Ghosh) 8:15-9:00 MR knee (Hochman) 1:30-2:00 East MedRads - Nukes Senior (TCC 484) 2:00-3:00 West MedRads - Body Senior [TCC 484] 1st Int'l Day of Radiology	9 No Grand Rounds - NERRS
12 7:30 - 8:15 Tuberculosis (Eisenberg) 8:15-9:00 Mediastinal masses (Boiselle)	13 7:30 - 8:15 Imaging pulmonary infection-I (Romero) 8:15-9:00 Imaging pulmonary infection-II (Romero) 10:30-11:30 NMMI meeting [GZ-103] 5:00-6:00 Best in Practice: Secretin-MRCP (Karen Lee) [TCC-10]	14 7:30 - 8:15 Interventional oncology (Ahmed) 8:15 - 9:00 Case conference (Ahmed) 7:15 - 8:00 US meeting (WCC-304A Gallery)	15 7:30 - 8:15 Neurodegenerative disease & hydrocephalus (Bhadelia) 8:15 - 9:00 Orbit (Moonis) 1:30-2:00 East MedRads - Nukes Senior [TCC 484]	16 12:00-1:00 **Grand Rounds:** Ultrasound of the hemodialysis patient - what have we learned, and where are we going? (Michelle Robbin) [Sherman Auditorium]
19 7:30 - 8:15 Breast US (Venkataraman) 8:15-9:00 Evaluating nipple discharge (Venkataraman)	20 7:30 - 8:15 Breast MRI (Dialani) 8:15-9:00 Breast MRI cases (Dialani) 8:00-9:00 IR Meeting [West Recovery]	21 7:30 - 8:15 MRI implants (Phillips) 8:15-9:00 Emerging breast imaging modalities (Phillips)	22 Thanksgiving	23 No Grand Rounds
26 7:30 - 8:00 RSNA - no conference; 8 AM start	27 7:30 - 8:00 RSNA - no conference; 8 AM start 10:30-11:30 NMMI meeting [GZ-103]	28 7:30 - 8:00 RSNA - no conference; 8 AM start	29 7:30 - 8:00 RSNA - no conference; 8 AM start	30 No Grand Rounds

*Consult the webpage for the most up to date schedule:
http://home.caregroup.org/departments/radiology/residency/scheduling/conferences/displayMonthNew.asp

DEPARTMENTAL Grand Rounds

Friday, November 16, 2012
12 noon - 1:00 PM • Sherman Auditorium

Ultrasound of the hemodialysis patient - what have we learned, and where are we going?
Michelle L. Robbin, MD, MS, FACR - Professor of Radiology and Biomedical Engineering, Chief of Ultrasound, University of Alabama at Birmingham

Dr. Robbin earned a BS in mechanical engineering from MIT and an MS – also in mechanical engineering – from the University of Minnesota at Minneapolis before obtaining her MD from the Mayo Medical School in Rochester, MN. She went on to complete her postdoctoral training, i.e., internship in internal medicine, residency in radiology and fellowship in ultrasound at the University of California, San Francisco. She stayed on at UCSF, rising to Assistant professor of Radiology and Chief of Ultrasound before taking on a tenured position with the rank of Associate Professor and also Chief of Ultrasound at the University of Alabama at Birmingham. Within 10 years, she was promoted to Professor of both Biomedical Engineering and Radiology and presently, she also serves as a Senior Scientist in the Experimental Therapeutics Program of the Cancer Cancer at UA Birmingham. In March 2007, she won the American Institute of Ultrasound in Medicine Presidential Recognition Award for Outstanding Contributions and Service to the Expanding Future of Ultrasound in Medicine. She has served as an Associate Editor of *Radiology* (2004-2008) and consultant to the editor of *Radiology* (2008-2011) and she has also been acknowledged as a Fellow of the Society of Radiologists in Ultrasound, joining a select group of leaders in Ultrasonography in North America, and is a highly regarded researcher with NIH funding. We are honored to have Dr. Robbin presenting at Grand Rounds on Nov. 16. Her most recent publications on her topic include:

Umphrey HR, Lockhart ME, Abts CA, Robbin ML. Dialysis Grafts and Fistulae: Planning and Assessment. Ultrasound Clin 2011;6(4): 477-490.

Robbin ML, Lockhart ME. Ultrasound Evaluation Before and After Hemodialysis Access. In: Pellerito JS, Polak JF, ed. Introduction to Vascular Ultrasonography. Sixth edition. Elsevier Saunders, 2012. Pages 281-293.

Upon completion of this activity, participants will be able to discuss the utility of ultrasound in the patient considered for hemodialysis; describe performing an ultrasound evaluation of the postoperative hemodialysis fistula or graft patient and detail ultrasound's use for triaging non-maturing arteriovenous fistulas.

DEPARTMENTAL NEWS, AWARDS & HONORS:

- Did you know that Nov 8 is IDoR?
  The first annual International Day of Radiology (IDoR) – being celebrated on November 8, 2012 – marks the 117th anniversary of Wilhelm Conrad Roentgen's discovery of the X-ray in 1895. AUR is one of more than 66 medical societies in 38 countries participating. The International Day of Radiology is building a greater awareness of the value that radiology research, diagnosis and treatment contribute to safe patient care, and a better understanding of the vital role radiologists perform in patient healthcare delivery. For more unformation, check out: http://www.internationaldayofradiology.com/

- Congratulations to Women's Imaging Fellow **Olga Brook** for receiving a cum laude award for her presentation at the Society of body CT and MRI on "Delayed Growth in Incidental Pancreatic Cysts: Are the Current Recommendations for Follow up Appropriate?" Brook OR, Beddy P, Pahade J, Couto C, Brennan I, Patel P, Brook A, Pedrosa I.

- Congratulations to 3rd yr resident **Monica Agarwal** for receiving the ***Cum Laude*** award (third place among all papers presented) at the American Society of Emergency Radiology (ASER) 2012 Annual Meeting in New Orleans for her oral presentation of 'Evaluation of a CT Urography Dual-Phase Protocol for Patients Presenting to the Emergency Department with Flank Pain.' Argawal M, Levenson R, Camacho M, Raptopoulos V.

  2012 graduating 4th yr resident and new faculty **Erica Gupta** also had a poster presentation at the ASER meeting on 'Clinical Variables Associated with Chest Radiography Findings in Patients with Non-Traumatic Altered Mental Status in the Emergency Department'. Gupta E, Eisenberg R, Nandwana S, Camacho M, Edlow J, Levenson R.

  - Robin Levenson, Emergency Radiology Interim Chief

Each November we honor our technologists with a number of events and 2012 marks the 10 Anniversary of the Walsh Awards!

Calendar of Events for Imaging Month

NOVEMBER 2012

Monday	Tuesday	Wednesday	Thursday	Friday
			1	2
5	6 *8:00 - 9:00 am* *"Assumptions & the Ladder of Inference"* *- Joan Simpkins* *(E) Shapiro 1A* *Continental Reception*	7 *4:45 - 7:30 pm* *"Radiobiology 101"* *- Dr. Kevin Donohoe* *Rabkin BR/Sherman Auditorium* *Cocktail Reception*	8	9
12 *12:00 - 1:00 pm* *"Acute Abdomen"* *- Dr. Pauline Bishop* *(E) Shapiro 1A/b* *Eggplant Parmesan* *Chicken Marsala*	13	14	15 ***5:30 - 10:00 pm*** ***Tech Appreciation Dinner at The Alden Castle*** *"Hypnosis & Health"* *- Steve Marino* *Roasted Atlantic Salmon* *Herb Roasted Chicken* *Vegetarian Entrée*	16
19 *12:00 - 1:00 pm* *"Imaging of the Augmented Breast"* *- Dr. Priscilla Slanetz* *(E) Shapiro 1A/b* *Sandwich Variety*	20 *12:00 - 1:00 pm* *"Working with Diverse Patient Populations in Radiology"* *- Shari Gold-Gomez* *(E) Shapiro 1A/b* *Pizza*	21 *12:00 - 1:00 pm* *"Imaging & Follow-up of Adnexal Cysts"* *- Dr. Deborah Levine* *(E) Shapiro 1B* *Baked Macaroni & Cheese* *Baked Ziti with Assorted Vegetables*	22	23

QUALITY MATTERS

Bettina Siewert, MD -
Vice Chair for Quality, Safety & Performance Improvement

Practice Alert No 1: Pre-preprocedure Time-Out

Dear all,

I am looking forward to keeping you updated on changes in our clinical practice that we are making as part of our QA review process. These changes will reach you by e-mail labeled as "practice alerts". These communications will explain the change in practice and give a case example to illustrate why this change is necessary. Please read these carefully and feel free to contact me with any questions/suggestions. Here is the first one:

Starting immediately, we are instituting an important change to the time-out script: At the point where the script prompts you to verify the indication for the study, the person running the time-out will now be asked to **read the history and indication on the referring physician's ordering form (yellow requisition) in full.**

This change is necessary to increase patient safety after two recent events in radiology. Here is a case example: A non-targeted liver biopsy was requested and performed. The requisition was not read at the pre-procedure time out. Only while filling out the paperwork for pathology did the staff notice the indication on the yellow requisition form which stated: "Please perform non-targeted liver biopsy of segment IV which is diffusely abnormal on MRI." A second biopsy was then performed of the requested area.

Thank you for helping us to put this important change into practice and improving the safety of our patients.

STAT Exams on PACS

- STAT exams display the ! icon in the left column next to the CLIP number
- STAT exams will always display at the top of the worklist regardless of the examination's age
- Resorting the worklist by any field will not remove the STAT exam from the top of the worklist
- When an examination that requires immediate attention is added to the worklist, a dialogue box will display in the lower right corner of the active studies viewport window

There is/are 1 STAT Exam(s) in the current worklist.

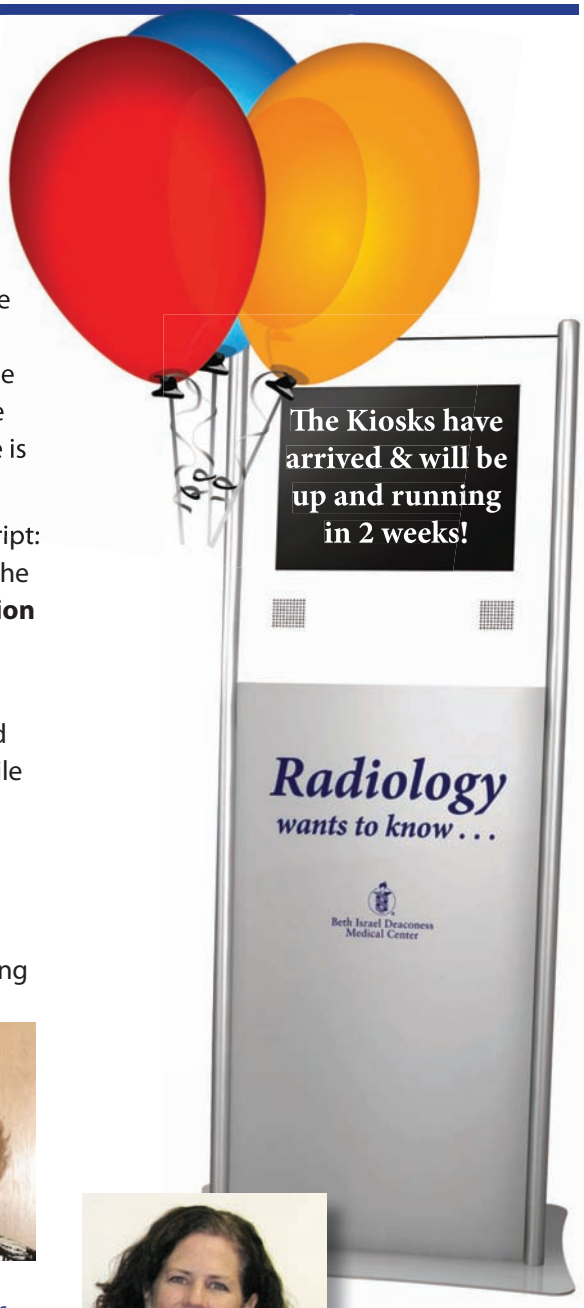
Donna Hallett -
Director of Operations

Stat Exam on a Worklist

!	Cli...	Pat...	M...	Procedure	Mod	Img	Study Time
!	620...	BRO...	262...	CT UP EXT W/O C	CT	463	2012.10.27 02:51:00
!	620...	CAJ...	262...	CT LOW EXT W/C, BILATER...	CT	238	2012.10.27 02:00:00
!	620...	PET...	106...	CT LOW EXT W/O C, RIGHT	CT	489	2012.10.26 23:28:00
!	620...	FIG...	141...	CT PELVIS ORTHO W/O C	CT	794	2012.10.26 13:33:00
	620...	GIL...	262...	CT LOW EXT W/O C, RIGHT	CT	566	2012.10.27 20:00:00
	620...	MAN...	262...	CT LOW EXT W/O C, RIGHT	CT	838	2012.10.24 00:08:00

** (the patients clip, name, and MRN have been removed)*

The Radiology Clinical Operation Committee has approved to turn on the STAT feature in the Radiology Centricity Reading workstations. This feature displays studies that flagged as a "**STAT**" exam will automatically move to the top of the work list. There will also be a red exclamation point (!) on the left side of the screen next to the exam indicating the same. We will be rolling this feature out to all of the worklists on the morning of Tuesday October 9, 2012 from 7AM until 9AM, so as to make the change to ALL the Radiologists worklists. You will need to logout and log back in for this change to take effect, but there is NO DOWNTIME required. If you should have any further questions, please direct them to the 4-PCS helpline at extension 4-7227.



- Aideen Snell, MSW
Service Excellence Program Manager

As reported last month, we will be kicking off a Radiology Patient Satisfaction Survey to all of our outpatients in November and our new touch screen kiosks will be located on TCC4, WCC3, GZ3 and West MRI Suite. Check them out! When talking to the patients, encourage them to use the kiosk and take the survey on their way out. Tell them how important their feedback is to Radiology and how committed we are to improving the patient experience. ***If they don't tell us, we'll never know!***

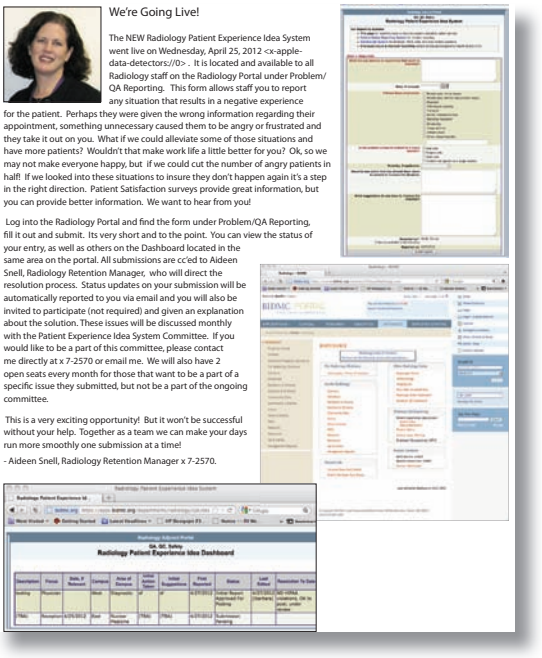
Radiology Patient Experience Idea System:

In May, Aideen Snell reported that the new Radiology Patient Experience Idea System was going live and she submits the following update:

As of Oct. 30th, we have had 16 submissions to our Patient Experience IDEA System! Six of those IDEAS have resulted in a positive improvement with more in progress and scheduled to be completed soon! Thank you to all of you who have made a submission and/or participated in the meetings to create some positive change. DON'T STOP now! Continue to make your submissions via the Radiology Intranet Portal. We need to keep those IDEAS coming. Go to: https://portal.bidmc.org/Intranets/Clinical/Radiology.aspx

Problem/QA Reporting
Patient Experience Idea System:
-Submit Idea Submit Idea **https://apps.bidmc.org/departments/radiology/QA/ideaSurvey.asp**

Please don't hesitate to call or email me!
Aideen Snell, MSW 7-2570
Service Excellence Program Manager



We're Going Live!

The NEW Radiology Patient Experience Idea System went live on Wednesday, April 25, 2012 <x-apple-data-detectors://0> . It is located and available to all Radiology staff on the Radiology Portal under Problem/QA Reporting. This form allows staff you to report any situation that results in a negative experience for the patient. Perhaps they were given the wrong information regarding their appointment, something unnecessary caused them to be angry or frustrated and they take it out on you. What if we could alleviate some of those situations and have more patients? Wouldn't that make work life a little better for you? Ok, so we may not make everyone happy, but if we could cut the number of angry patients in half! If we looked into these situations to insure they don't happen again it's a step in the right direction. Patient Satisfaction surveys provide great information, but you can provide better information. We want to hear from you!

Log into the Radiology Portal and find the form under Problem/QA Reporting, fill it out and submit. Its very short and to the point. You can view the status of your entry, as well as others on the Dashboard located in the same area on the portal. All submissions are cc'ed to Aideen Snell, Radiology Retention Manager, who will direct the resolution process. Status updates on your submission will be automatically reported to you via email and you will also be invited to participate (not required) and given an explanation about the solution. These issues will be discussed monthly with the Patient Experience Idea System Committee. If you would like to be a part of this committee, please contact me directly at x 7-2570 or email me. We will also have 2 open seats every month for those that want to be a part of a specific issue they submitted, but not be a part of the ongoing committee.

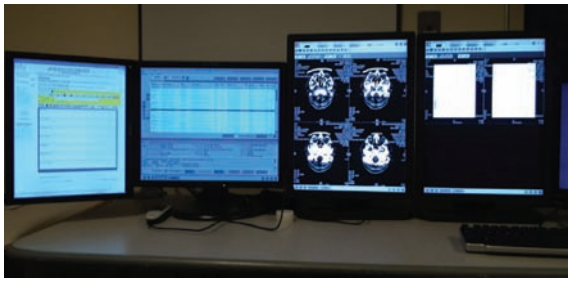
This is a very exciting opportunity! But it won't be successful without your help. Together as a team we can make your days run more smoothly one submission at a time!

- Aideen Snell, Radiology Retention Manager x 7-2570.

New Voice Recognition System:

B. James Hamilton Radiology Information System (RIS) Application Specialist

We are currently preparing to implement voice recognition as a department (you may have noticed a fourth monitor at your PACS workstation). In preparation, our support team will be providing group and individual (on-site) training of the new voice recognition software. Individual, training dates and times are provided below:



Monday, December 3, 2012	9:00am – 3:00pm
Tuesday, December 4, 2012	8:30am – 3:00pm
Wednesday, December 5, 2012	9:00am – 3:00pm
Thursday, December 6, 2012	8:30am – 3:00pm
Friday, December 7, 2012	8:30am - 3:00pm

The duration of an individual training is approximately 30 minutes. Please email James Hamilton at bhamilto@caregroup.org as soon as possible to schedule a training date and time that is convenient for you. Thank You!

KUDOS - Each month, we share the postive feedback we recieve about staff members and ask you to join us in congratulating them for outstanding patient care and service

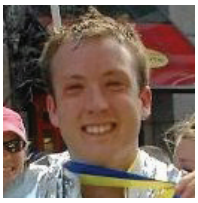
Ultrasound





(L to R) Beth Bythrow, Sheila Nadeau, Marianne Sullivan, Marianne Johnson, and Kathryn Mahoney Awalt provided extra support for the department by working extra shifts during two off shift LOAs.

NucMed



Matt McMahon figured out a very lean solution to a Cardinal radiopharmacy challenge. Matt suggested using the Syntrac (Hot Lab) computer which can print out an accurate record of the disposition of each dose, including disposal, at the end of each day. This eliminates a huge amount of work on both sides and is a clean simple method to deal with a complicated issue.

RSNA Update

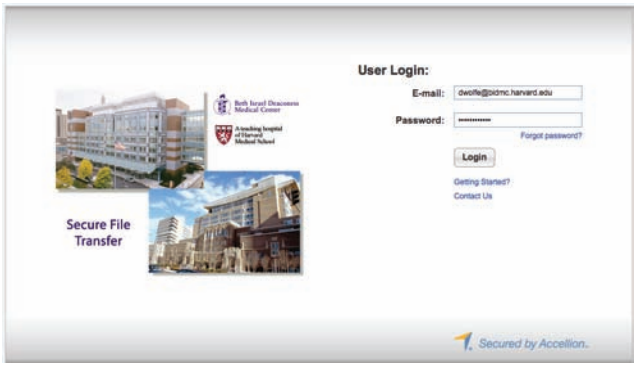
We have a quite a presence at this year's RSNA with 22 Education Exhibits (paper and e-posters), 7 Scientific posters, 17 Refresher Courses/ Workshops/Special Interest/Quality Improvement Sessions, 23 oral presentations, 9 Moderator roles, and 10 podcasts! Our RSNA Program is now available in both paper and e-copy.

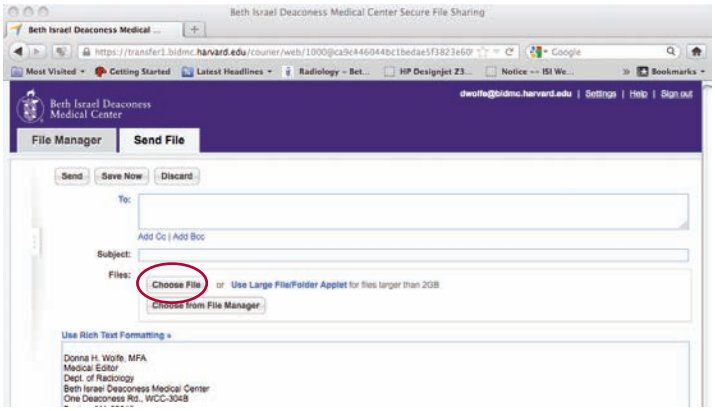
Poster Production TIPS:

Those of you who are making paper posters in Powerpoint please note:

- that our printer is only 44" wide so please adjust your dimensions accordingly
- Working in half-scale will make it easier for you and your co-authors to view it on the average computer screen. For example, 2 meter posters are best laid out at 39" x22" for a final size of 78" x 44" and 4 meter posters at 75" x 22" for a final size of 150" x 44" inches
- Try not to use full backgrounds in dark colors - this works for powerpoint slides but not for paper prints
- If you are working with Donna Wolfe, please note that poster text (including figure legends and references)should be in one **Microsoft word document**. This file and all image files - appropriately labeled as Fig 1a, 1b, etc. should be sent in a zipped folder via secure file transfer. *See below.*

Secure File Transfer



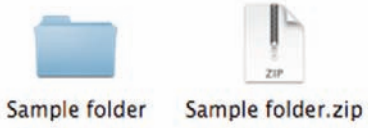


1) On the BIDMC Portal, type "secure file transfer" in the Search box and click on the link.

2) At the User Login screen, type in your email address and ITS password and click ***Submit***.

3) Type in the recipient's e-mail address. (If you use the directory to look someone up, you will notice several addresses for each name. Make sure you use the normal email address with the 8-letter convention; otherwise, the receiver will have problems accessing your attachment. The system will remember the address you used and will automatically call it up once you start typing.)

4) Click the ***Browse*** button to navigate to the file you want to send - usually on the desktop. Click ***Open*** to upload (attach) it. - You can upload up to 10 attachments but the best way to send multiple files is to place them all in a folder and "zip" them. On a PC, this means right-clicking on the folder, click on ***Send To*** and click on ***Compressed*** *(zipped) folder*. You will now have a new file on your desktop with the same name as your folder but with *.zip* at the end.



5) Upload your single file or your zipped folder onto the secure file transfer and your folder full of files/images will be downloaded by your recipient in only one click!

RESIDENCY NEWS

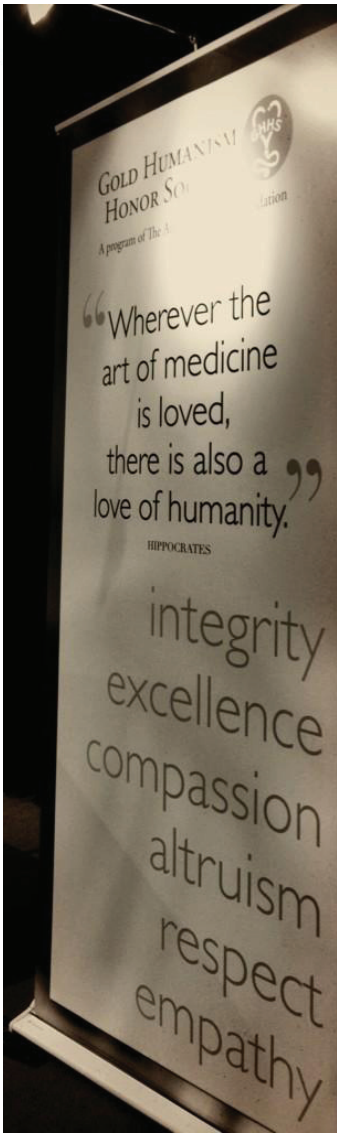
GOLD HUMANISM HONOR SOCIETY
THE ARNOLD P. GOLD FOUNDATION

Recently I was honored to represent BIDMC and our department as the resident liaison to the Gold Humanism Honor Society (GHHS) at their biennial meeting in Chicago, IL. Founded in 2002 by the Arnold P. Gold Foundation, GHHS recognizes and supports medical students, residents, medical school faculty members and national figures who are role models in their contribution to compassionate service in medicine. In ten short years, GHHS has made a national impact. There are currently over 100 medical school chapters throughout the country.

As the concept of compassionate and humanistic medicine becomes increasingly more emphasized in medical school curricula, there is widespread recognition that opportunities also exist at the graduate medical education level to endorse and teach humanistic medicine to resident physicians. This summer, 10 residency pilot chapters were announced by GHHS and BIDMC was selected as one of these leading institutions. As we begin our chapter, we hope to make a positive impact on our residents and the BIDMC community at large by implementing a renewed emphasis on humanistic medicine in the GME curriculum. The focus going forward, as always, will be to provide the highest quality of care possible for our patients.

Thank you for all of your support,

– Chip Watts
1st yr resident



Priscilla J. Slanetz, MD, MPH
Dir., Radiology Residency
Program & Dir., Breast MRI

2013 New Chief Residents

It is with great pleasure that we would like to announce the 2013-2014 Chief Residents as Samir Shah and Gunjan Senapati.

They will be working closely with our current Chiefs, James Knutson and Leo Tsai, over the next few months. We look forward to their leadership.

- Priscilla, Ron and Justin

AY2011 Resident Lecture Scores

Congratulations to the following faculty who have been acknowledged by the residents as the top 10 lecturers:

1 Maryellen Sun
2 Karen Lee
3 Alexander Bankier
4 Jim Wu / Mary Hochman
5 Barry Sacks
6 Robert Kane / Valerie Fein-Zachary / Koenraad Mortele
7 Justin Kung
8 Manjiri Didolkar
9 Jonathan Kruskal/Gul Moonis
10 Bettina Siewert

Congratulations & Thank You! This month a letter went out announcing the appointments of the following alumni and faculty trustees of the BIDMC Radiology Alumni Association:

Andrew Bennett, MD PhD
Radiology Resident 2004-2008
Abdominal Imaging Fellow 2008-2009
Instructor in Radiology
BIDMC Radiology Attending (Community)

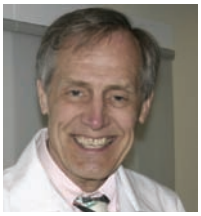
James M. Busch, MD
Radiology Resident 1999-2003
Interventional Radiology Fellow 2003-2004
President, Diagnostic Radiology Consultants, PA
President, Digital Imaging of North Georgia LLC
CEO, Specialty Networks LLC

Eric E. Chiang, MD
Radiology Resident 1998-2002
MRI Fellow 2002-2003
Assistant Chief, Dept. of Diagnostic Imaging
Kaiser Permanente San Diego Medical Center

Jong-Ho Richard Choi, ScD MD
Radiology Resident 1996-2000
Abdominal Imaging Fellow 1999-2000
Assistant Professor in Radiology - Uniformed Services University of the Health Sciences, Bethesda, MD
Cross-sectional Interventional Radiology and Director of Virtual Colonoscopy - Fairfax Radiological Consultants, Fairfax, VA

Ronald Eisenberg, MD JD
Professor of Radiology, HMS
Associate Director, Residency Program, BIDMC
Radiology Attending (Cardiothoracic/MSK)

Herbert Gramm, MD
Associate Professor of Radiology Emeritus, HMS
Associate Radiologist
Vice Chair and Director of Radiology Education, New England Deaconess Hospital, 1975-1993



Ferris Hall, MD
Professor of Radiology, HMS
Radiology Residency Director, 1993-1999
Attending in Breast Imaging/MSK, BIDMC since 1971

Andrew Hines, MD
Radiology Resident 2005-2009
GCM Radiology
Suburban Hospital, Johns Hopkins Medicine

Vaibhav Khasgiwala, MD MPH
Radiology Resident 2003-2007
Texas Radiology Associates, LLP
Plano, TX

Justin Kung, MD
Radiology Resident 2005-2009
MSK Fellow 2009-2010
Instructor in Radiology, HMS
Attending (MSK/Community), BIDMC
Associate Director, Radiology Residency
Director, Radiology Alumni Association

Deborah Levine, MD
Professor of Radiology, HMS
Vice Chair for Academic Affairs, BIDMC
Director, Faculty Development
Co-Director, Ultrasound
Director, OB/GYN Ultrasound

Yulia Melenevsky, MD
Radiology Resident 2006-2010
MSK Fellow 2010-2011
Assistant Professor of Radiology, Rheumatology and Orthopedic Surgery
Georgia Health Sciences University

Priscilla J. Slanetz, MD MPH
Associate Professor of Radiology, HMS
Director, Residency Program, BIDMC
Director, Breast MRI

DEPARTMENTAL NEWS, AWARDS & HONORS:

Last week I picked up a few small pumpkins from the farmers market at the east campus and dropped one off at each the control areas. I was happy to see this week that these pumpkins were accepted into each group and treated with care (although one did receive some surgery). Check out the wonderful creativity it CT!

- Tim Parritt, Technical Mgr., CT

On September 27th the Radiology department sent Phuong Dong off into a well-deserved retirement. Phuong gave the department 8 years of dedicated service as a Tech Assistant, working tirelessly in the OR and in the ED. Phoung was sent off in style to his retirement in Texas with a Red Sox Cowboy hat! We wish Phuong the best as he starts this new chapter in life.

- Betsy Grady, Mgr., Diagnostic Radiology

The Gallery

Call for Photographs: Please submit framed photos of your favorite travel photos for a group show in The Gallery aka Conference Room, West Campus Clinical Center, Rm. 304A. Contact Donna Wolfe (4-2515).

Mentoring Notes - How to optimize your CV

Deborah Levine, MD
Vice Chair, Academic A airs
Director, Faculty Development

Be passionate about your work

The best advice I can give anyone in academic medicine is to pursue clinical work, teaching, and research in an area about which you feel passionately. Love what you do, and you cannot help but enjoy your work, be successful, and share that enthusiasm with others. However, to get promoted, just loving your work is not sufficient. You need to document your achievements. At the first level of promotion at Harvard medical school (Instructor to Assistant Professor) a local reputation as a clinician and scholar is fine. You need to show "promise." However, at Associate and Full Professor promotions you need to have a regional, national, and hopefully international reputation. How to build a career is a topic for a slightly different discussion, but it overlaps greatly with how to optimize your CV. I mention this because advice regarding building your CV includes involvement in committees, societies, travel to meetings, and research. You should enjoy these activities or they might not be worth the time you put into them.

Your CV is a living document

My first suggestion is to keep your CV as a living document. If you are active in research, public speaking, teaching, and clinical care, it can be difficult to keep track of all of the details that go into your CV. I keep a CV "binder" of handouts from meetings that I speak at, as well as copies of articles and book chapters. I have a scrap-book section where newspaper clippings are kept as well. I frequently (at least monthly) update my CV. I date my CV when I update it, and keep old copies for reference. This is particularly helpful when the CV format changes and large sections need to be moved around.

Publications and authorship

Peer reviewed publications are the heart of your CV. These are quantifiable documentation of your contribution to scientific knowledge. Keep track of your publications: When an article is accepted for publication, it gets entered in your CV as "in press." When it is published, the bibliographic information is added. If you notice an article that has been languishing "in press" for longer than expected (6-9 months) you should probably contact the journal to ensure that it has not been "lost" somewhere in cyberspace (yes, that has happened twice to me!). Typically as you prepare for a first promotion to Assistant

Professor you want to be the first author on manuscripts. As you progress in your career you want to mentor trainees and junior faculty. You can be the second author and put an * by the trainee name who you are mentoring and that can still count as a pseudo-first author paper. Later in your career you might want to be senior author, although in many radiology departments the style is to be one of the first 3 authors to show a substantial level of involvement in the research process.

Documenting your talks

Keep track of talks and teaching: For junior faculty, keep track of talk titles you give trainees. Be sure you develop a variety of talks in an area of clinical expertise or research interest. When you get invited to give a course (regional, national, international), check if it is a CME lecture. Is it being used for SAMS? These educational efforts are worth mention in your CV. An area that is relatively new on the CV is documentation of outside sources of payment for invited talks. You need to document that no outside sources paid for your talk, unless otherwise specified.

Keep track of abstracts. An abstract is a presentation or poster at a meeting. You can have abstracts listed on your CV if there were presented in the past 3 years AND have not yet been published. If your work, based on an abstract, was published, CONGRATS! Be sure the reference is in your bibliography and delete the abstract. However, if you gave an oral presentation (you were the actual speaker), that can be listed as an invited talk (with the notation "abstract" after it.). This might be helpful for junior faculty, but I doubt listing a lot of abstracts is helpful to more senior faculty.

Teaching and mentoring

Teaching is a major focus of the Harvard CV. Medical student, resident, and fellows teaching should all be documented on your CV. If you are a mentor of junior faculty this is also something you should keep track of. Working with trainees on research projects is a great way to combine mentoring with academic productivity.

Documentation of your regional, national, and international reputation

The way you document your reputation is not just by your research, and not just by your local reputation as an expert in your field. You need to have a wider recognition as you advance to the Associate and Full Professor levels. This doesn't happen overnight, so getting involved early and finding what types of activities are of interest to you is a good thing to do. Suggestions are committee work in a subspecialty society (ask your section chief or mentor to give a call to a society president to get you on a committee), journal reviewing (ask one of the research-oriented faculty to help you get involved in this manner), become active in a more local society such as New England Roentgen Ray or Massachusetts Radiology Society. Our department commonly has faculty who are heavily involved in these societies. However, before you get involved in a committee, find out how much time and effort and travel is required. If a committee meets once a year in Los Angeles that might be great for people who like to travel and not so great for someone with small kids at home who wants to stay local. Many committees meet at annual society meetings or by conference call.

Getting invited to give talks typically is based on research you have done, if someone in an audience hears a talk you give and wants to hear more, and who you know. By doing research, presenting research, and becoming active on national committees you will meet the type of people who will invite you to give grand rounds and other talks.

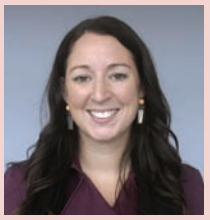
Do you need a title?

Are you a section chief? Do you want to be? It might be more prestigious to have an academic title, but there are administrative time and head-aches associated with that title. Early in your career it is best to focus on clinical care and research. Later in your career you should have some administrative roles to document your level of expertise. However, at times, the needs of the department will outweight the needs of the individual. Look at these times as opportunities for growth.

Read the rules and ask for help

I know it is frustrating to get a CV in Harvard format, but if you don't do it correctly, it could slow down your promotion. Donna Wolfe in our department is a wonderful resource for aid in formatting your CV. I am available to review a CV and give advice. Our goal is to aid our faculty in achieving their academic goals, whatever they may be.

Grant Application Process:



Jackie Rhode Research Administrator 7-7427

Please keep in mind that Principal Investigators need to inform our Research Administrator (RA), **Jackie Rhode (7-7427)**, of their intent to submit a grant application as soon as they decide. Ideally, the PI will know 4-6 weeks prior to submission and alert Jackie then. If the grant submission involves cost-sharing, a subcontract, or is particularly complicated (e.g. PPGs, U01s, contracts), please give her at least 6-8 weeks notice, if not more.

The final version of the application, including the science, is due to the RA seven (7) business days, or ten (10) calendar days prior to the sponsor due date.

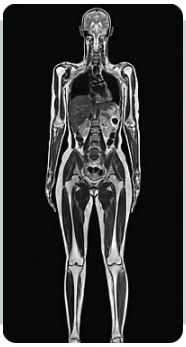
To ensure a smooth submission, PIs can refer to the guidelines below when preparing an application.

- Step 1: As soon as a PI knows that a grant is going to be submitted, please register the intent to submit in GEMS using this link: Register
- PIs will need to know their grant title and should have access to the sponsor's request for proposal or program announcement when registering a grant.
- Please provide budget pages to Jackie no later than three weeks before the submission date for review and budgeting assistance.
- No later than 7 business days prior to submission, the final complete grant, including the science, should be submitted to your RA.

Key dates within the submission timeline:

Days Before Deadline	Task
15	Grant should be registered (screening, demographics & key personnel completed); application instructions sent to RA (if not NIH)
10	Administrative Documents Completed
10	First RA Review
10-9	Budget Documents Completed
9-8	Second RA Review
7	Completed Application to be turned in to RA
7-4	RA Reviews and submits completed application to RAS/RAD
3-0	Application submitted to sponsor

Visit our portal for additional **Proposal Development FAQs for PIs**



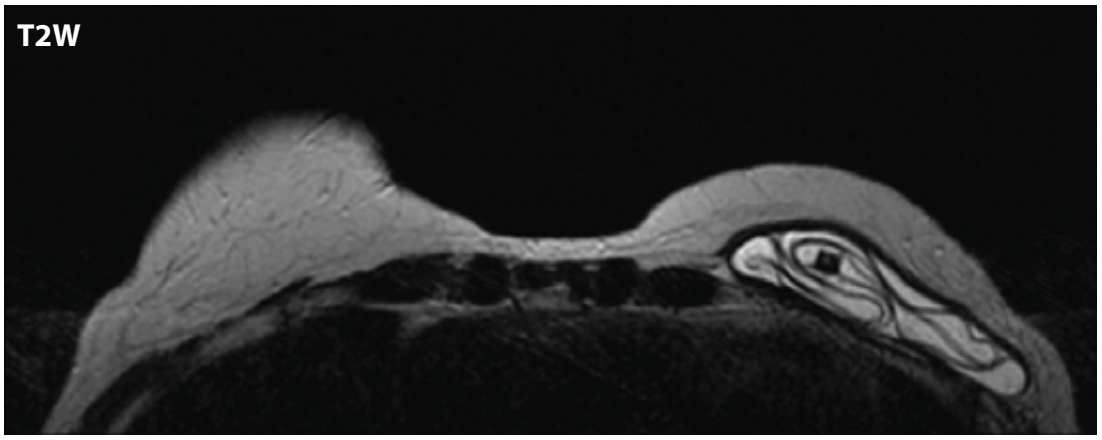
MRI Case of the Month
Nov 2012

MR Case of the Month - A new educational tool for technologists:

Background: Monthly case presentations highlighting an exam that has been done particularly well and/or illustrates a teaching point. Exams can be chosen for a variety of reasons. It could be an excellent exam where the imaging was done really well, it could be a new type of exam not previously performed, the technologist altered the exam in some way to improve the imaging quality, or maybe the patient was difficult and the technologist pulled out all the stops to get the exam done. These cases have great learning potential for all technologists. This first case is presented by Clinical MRI Chief Koenraad Mortele.

- Jeremy Stormann
B.S., RT(R) (CT) (MR)
MRI Clinical Instructor

CASE 1: 62-year-old status post left mastectomy with reconstruction here for screening



CASE 2: 43 year old for MR evaluation of breast implants

DIAGNOSIS: Intracapsular Implant Rupture

Case 1: Ruptured saline implant

Case 2: Ruptured silicone implant

Breast Implants:

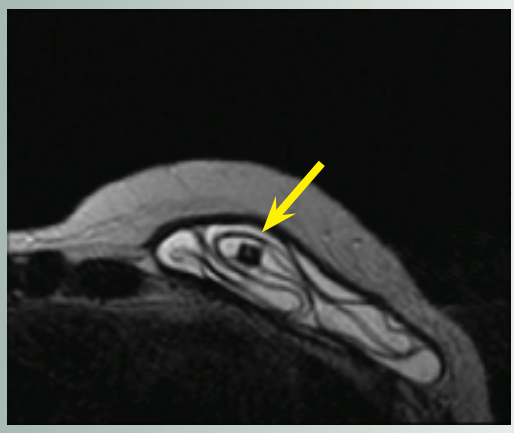
- Implants are most commonly composed of saline or silicone
- Implants most often are single lumen (that is, an envelope contains either saline or silicone)
- Once in place (either subglandular – within the breast- or subpectoral), the body forms a fibrous capsule around the implant

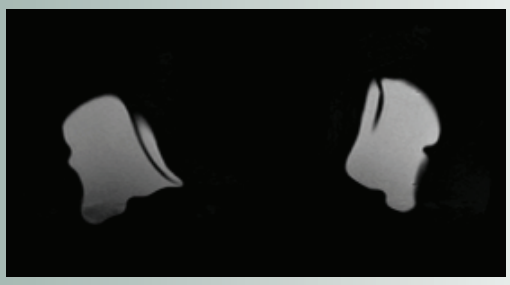
Teaching Points:

- Implant rupture can be intracapsular (contained by the body's fibrous capsule) or extracapsular (contents extend into surrounding breast tissue)
- Saline implant rupture is typically diagnosed on physical exam
- MR is most sensitive and specific test for **silicone** implant rupture

IMPLANT IMAGING BASICS FOR THE TECHNOLOGIST

- Ask patient about type of implant
  - If silicone, perform silicone suppression or silicone selective sequence to evaluate implant for rupture
  - If patient does not know, check axial T2 sequence for presence of valve (arrow) which is used to inflate the implant
  - Intact silicone implant should be hyperintense on T2, iso-slightly hypointense on T1, and homogenously bright on silicone selective sequences





Special thanks to Priscilla J. Slanetz MD, MPH, FACR for contributing this MR Case of the Month Nov 2012

IMAGING TEACHING POINTS

Silicone imaging protocol includes two important sequences for implant evaluation:

- **STIR with water saturation**
  - Frequency peak centered on the water peak
  - Time of Inversion (TI) set to suppress fat
  - Only silicone visualized (bright)
  - Images free silicone and/or the linguine sign
- **T2 with fat saturation**
  - Select fat saturation in sequence parameters
  - Frequency peak centered on the silicone peak
  - Silicone and Fat will be dark; water is visualized

Kathleen West

*HMFP contracts with McKesson for Revenue Cycle Management services including diagnosis coding, claims scrubbing, allowables monitoring, accounts receivable and insurance denial management, compliance and reporting. We offer this column by **Kathleen West**, McKesson's Senior Director of Account Management for Radiology, as an opportunity to keep you informed. During this time of revenue and utilization reductions, compliance scrutiny and increased payer denials, our partnership with McKesson has been vital to our ability to maintain our financial stability. Feel free to contact Kathy.west@mckesson.com should you have any specific questions or concerns related to the Revenue Cycle Management process.*

McKesson Corner

McKESSON
Empowering Healthcare

Proper documentation for

Complete Abdominal Ultrasound and CTA

Complete Abdominal Ultrasound and CTA continue to be areas of concern with regard to proper documentation to support the study being billed. This is to serve as a reminder of the documentation requirements according to the AMA in order to bill these studies. If the dictation doesn't meet these requirements, CMS may take the revenue back and down-code the case to a Limited Adnominal US or CT instead of CTA. The annual Revenue variance to the practice if that should occur would be approximately $300,000 not including any penalties or interest.

- **Complete Abdominal Ultrasound**: the following eight elements must all be documented to bill as a complete study. If an element can't be visualized, state it.
  - Liver
  - Gall Bladder
  - Common Bile Duct
  - Pancreas
  - Spleen
  - Kidneys
  - Upper Abdominal Aorta
  - Inferior Vena Cava

- **CT vs. CTA – Documentation is key:**

  CTA – is a non-invasive technique for imaging vessels, to evaluate vascular anatomy, vascular disorders, and vascular trauma and to follow up on organ transplants.

  - CTA includes 3D reconstruction postprocessing
  - **If 3D postprocessing is not done, it's NOT a CTA**
  - ACR previously defined a CTA as 2D ***or*** 3D
  - AMA provided clarification on definition of "angiographic" reconstruction in 2009
  - Medicare payment rate for the interpretations is 50% higher for CTA than CT
  - **Ideal documentation to support CTA states: "3D angiographic post-processing was performed"**
  - Other common acceptable terms to support 3D & CTA are:
    - Surface-shaded
    - MIPP
    - Volume rendering

Jonathan B. Kruskal, MD PhD
Chairman
Department of Radiology
Beth Israel Deaconess Medical Center

requests the honor of your presence at the

17th Annual BIDMC Alumni Cocktail Reception

Tuesday, November 27, 2012
6:30 pm to 8:30 pm
University Club of Chicago
76 East Monroe Street

Please RSVP by Tuesday, November 13th
617-754-2519
abaxter@bidmc.harvard.edu

Where in the world is . . .

Rola Shaheen , MD FRCPC – Global Health Activist in Breast Imaging

A quick note from a very busy alumnus, Dr. Rola Shaheen, who is very active in the Middle East: "Work is busy and we are in the process of establishing a breast imaging center of Excellence in Abu Dhabi at Mafarq hospital. I started a campaign at Mafraq hospital called Ana Rosa (which means "I am a flower" in Arabic) to tackle all women's health issues including breast and cervical cancer with educational programs both to public and health care providers which is going very well.

I am going to RSNA and hope to see you all on Tuesday night at the BIDMC dinner! After RSNA I will head back to Boston as I was invited to give a course at Harvard School of Public Health about barriers to screening in developing countries."

Upcoming activities:

1- Sept 25th- Leading the Pink days at Mafraq initiative to increase awareness about breast and cervical cancer among women and their families, by conducting educational sessions to the public. Abu Dhabi, UAE
2- Oct 3rd-6th- ARDMS meeting as subject matter expert on breast ultrasound. Baltimore, MD USA

In Sept., Dr, Shaheen gave an interview on breast cancer screening on a program called "How is your health?" (Keif Seha?) on Abu Dhabi TV.

3- Nov 28- invited speaker at the Harvard school of public health on a course on cancer prevention challenges and successes, Boston, MA
4- Jan 2013- Organizer of the women's imaging session at the Arab Health conference in Dubai, UAE
5- Feb 2013-Invited speaker to conduct a rad- path correlation session at the 1st Emirates Surgical Pathology Conference. Abu Dhabi, UAE

Did you know that...

Current Radiology research fellow, ***Dr. Marwan Moussa*** *also makes an effort here in Boston towards health care improvement.*

Radiology Research Fellow Dr. Marwan Moussa Co-Chaired a senatorial accountability event at Longwood's Temple Israel on Oct.15. 1000 members of the Greater Boston Interfaith Organization gathered to meet Senatorial Candidate Elizabeth Warren and listen to what she had to say on the current challenges that face the commonwealth. Dr. Moussa was particularly concerned with the rise of health care costs in Massachusetts having served on the GBIO health care strategy team for the past 2 years and was gratified to hear her commitment to curb the rising costs of healthcare should she be elected. Unfortunately, candidate Warren's opponent declined the invitation. The event was hosted by the Greater Boston Interfaith Organization a non partisan grass roots group dedicated to solve challenges facing MA.

Publication Call Out: A paper by alumnus **Jay Pahade** (2006-2010 Resident & Abd Fellow 2010-2011) got picked up by Aunt Minnie! Jay is also doing a recorded discussion for the website journal - watch for it in their internal medicine section.

Patients want to hear exam results from radiologists

By Kate Madden Yee, AuntMinnie.com staff writer

September 28, 2012 -- Patients prefer hearing exam results from both their general physician and their interpreting radiologist, according to a new study published in the October issue of the American Journal of Roentgenology. This is good news for a specialty challenged to come out of the reading room and into more daily patient contact.

Although radiologists have directly communicated mammography results to patients for years, doing the same with other imaging studies has been controversial, wrote researchers from Beth Israel Deaconess Medical Center and Harvard Medical School. Some radiologists have suggested that the specialty boost its direct patient communication by sending results directly to patients via mail or e-mail -- similar to the current practice in breast imaging. But what about talking to patients directly after their exam?

Direct communication of results by the radiologist could improve patient care in two ways: by closing the loop in communication between a patient and the referring physician and by empowering a patient through active participation in decision-making, lead author Jay Pahade and colleagues wrote (AJR, October 2012, Vol. 199:4, pp. 844-851).

"Our hypothesis was that patients would like to get imaging results more quickly, and if they could do so, their anxiety levels would decrease," Pahade told AuntMinnie.com. "We did the study to get a better sense of what patients want and whether this practice model is feasible."

The study included 86 English-speaking outpatients undergoing either nononcologic CT of the chest, abdomen, and pelvis (37 patients) or nonobstetric ultrasound (49 patients) between December 2010 and June 2011. Immediately after their exam, patients had a consultation session with a radiology fellow, during which they received preliminary results.

Each participant responded to a survey that included questions about preferences regarding communication of results, knowledge of a radiologist, and anxiety level before and after radiologist-patient consultation. Pahade's group also tracked the average wait time between the end of the imaging examination and the consultation and the duration of the consultation.

The team found the following:

- 56% of patients identified a radiologist as a physician who interprets images.
- Before imaging, 81% of patients preferred hearing results from both the ordering provider and the radiologist; this increased to 91% after the consultation.
- Before consultation, 98% of patients indicated they would be comfortable hearing normal results or abnormal results from the person interpreting the examination; the number increased to 99% after consultation.
- 99% of patients agreed or strongly agreed that reviewing their examination findings with a radiologist was helpful.
- 98% of patients indicated they wanted the option of reviewing or always wanted to review future examination findings with a radiologist.

After consultation with a radiologist, 48% of patients said that their anxiety decreased, while 15% said it increased and 32% said their anxiety level was unchanged. The average wait for consultation and the duration of consultation were both about 10 minutes for CT and one minute and seven minutes, respectively, for ultrasound.

Restructuring the method of delivering results to patients could enhance not only the daily practice of radiology but also the value of a radiologist, Pahade's team wrote. And a blended practice pattern of establishing patient relationships through direct communication of results and imaging review may help patients make more informed decisions about their health.

One of the study's limitations is that the patients who elected to participate were already open to receiving imaging results from a radiologist, Pahade conceded. Putting this kind of practice model into place could take some logistical work -- and could temporarily decrease revenue, as radiologists could expect a cost associated with the time needed to review results directly with the patient, which is not reimbursed.

"Communicating results to patients the same day as the exam is the ideal, but it could mean that practices have to restructure their work day, or assign a particular radiologist to be the patient consultant for the day," he told AuntMinnie.com.

In any case, the study showed that patients do want direct communication of results after imaging examinations, are comfortable hearing both normal and abnormal results, and feel a decrease in anxiety after the consultation. The time added to daily practice by incorporating results communication seems reasonable and will likely decrease with time, Pahade and colleagues concluded.

2012 BIDMC Radiology Publications [New Citations in Blue*]. *We do a monthly PubMed search for new BIDMC publications and may miss those in which your affiliation is not noted. If we miss your paper, please send the reference to dwolfe@bidmc.harvard.edu.*

Note that publications do not always appear in Pubmed in the same month they are actually published and publications listing an Epub date may be updated into the new year, thus their paper publication will appear in 2012.

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[See Publication Call Out on pg 16 for Aunt Minnie's report on this]
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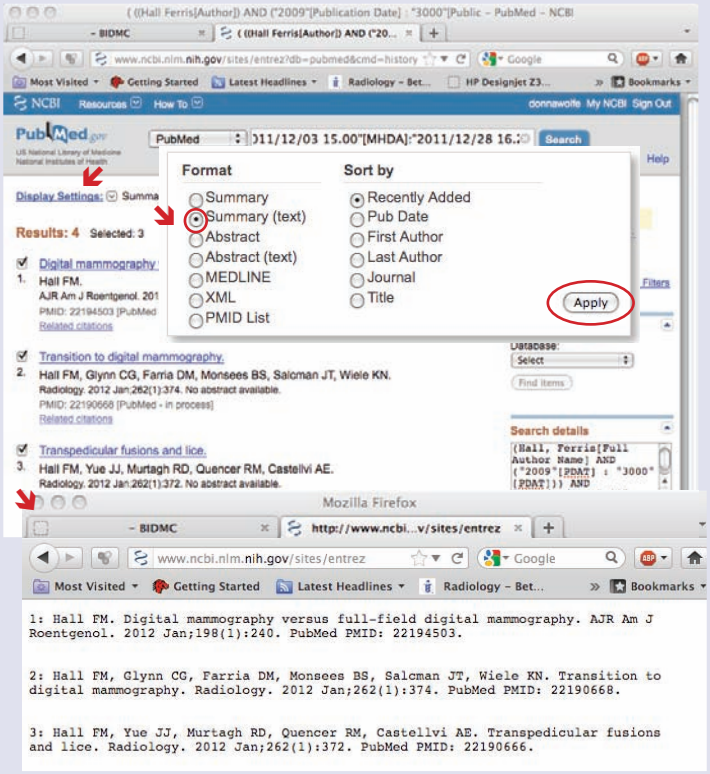

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